DIRECTIONS FOR COMPLETION

- 1. Complaint should be filled out by typewriting or printing.
- 2. Fill in your name in the space in the left-hand side of the caption marked "Complainant".
- 3. Fill in the employer's name in the space in the left-hand side of the caption marked "Respondent". DO NOT FILL IN THE SPACE ON THE RIGHT HAND SIDE OF THE CAPTION.
- 4. Fill in your name and address in paragraph No. 1.
- 5. Fill in your employer's name and address in paragraph No. 2.
- 6. Check off the applicable boxes in paragraph Nos. 3 and 4. Fill in the blanks in the corresponding allegations.
- 7. Identify the records you were denied access to by name or description in paragraph No. 4. Attach copies of any counterstatements which you were denied permission to place in your personnel file, to your complaint.
- 8. Check off the appropriate box(es) under Request for Relief.
- 9. Sign the Verification.
- 10. Send the original complaint and two copies to the Bureau of Labor Law Compliance, 1301 Labor and Industry Building, 7th and Forster Streets, Harrisburg, PA 17120. There is no need to send a copy to your employer. This will be done by the Bureau.
- 11. If you have retained or will be retaining an attorney, he or she should be listed on this form or file a notice of appearance with the Bureau.
- 12. Attach additional pages if necessary. Any additional allegations should be set forth in numbered paragraphs, starting with number 6.
- 13. Any questions should be directed to the Bureau of Labor Law Compliance at 717-787-4763.

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF LABOR AND INDUSTRY BUREAU OF LABOR LAW COMPLIANCE

IN THE MATTER OF:	: PERSONNEL FILE INSPECTION ACT
(Your Name) Complainant (Employer's Name) Respondent	NO(Bureau Use Only)
(amproyer a round) rocoporacin	•
<u>cc</u>	<u>OMPLAINT</u>
1. My name and address	as Complainant here are:
Name:	
Address:	
2. My employer, the Res	
Name:	
Address:	
	ployed by this employer, Respondent.
	OR
	ed by this employer, Respondent, on
	, I requested
permission to inspect the following	personnel records: (Describe records)
(a)	;
	;
	;
	•
(Attach additional 8 1/2 x 11 sheet	

I was denied permission to inspect these records.	
<u>OR</u>	
b. // On or about, I requested (Dates)	
permission to place the attached counterstatement(s) in my personnel file (attac	
copies of statements).	
I was denied permission to place these items in my personnel file.	
<u>OR</u>	
c. // (State other basis for your Complaint)	
5. This request(s) was made to	
who is employed by Respondent as	
REQUEST FOR RELIEF	
WHEREFORE, Complainant requests the Bureau of Labor Law Compliance issu	
an order under Section 4 of the Personnel File Inspection Act requiring Responden	
to:	
/ / Permit me to inspect these personnel records	
OR	
f Permit me to place the attached counterstatement(s) in my personn	
file.	
OR	
// (State other relief requested)	

(VERIFICATION)

I verify that the above sta	atements are true and correct. This verification is
made pursuant to 18 Pa. C.S. Sec	ction 4904(a) which prescribes criminal penalties for
making false statements to gover	rnment authorities.
(Date)	SIGN YOUR NAME
I will be represented in th	nis matter by:
Attorney's Name	Attorney's Address
	Attorney's Phone Number